## COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. Also complete Freell ☐ Agent item 4 if Restricted Delivery is desired. Print your name and address on the reverse Addressee so that we can return the card to you. B. Redelved by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece. repher or on the front if space permits. Yes D. Is delivery address different from item 1? 1. Article Addressed to: I No If YES, enter delivery address below: castulale. U STEPHEN POWELL CHIMNEY ROCK CORPORATION 105 EAST 600 NORTH 3. Service Type CASTLEDALE UTAH 84513 ☐ Certified Mail ☐ Express Mail ☐ Return Receipt for Merchandise ☐ Registered Insured Mail COD. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7005 2570 0000 4801 6416 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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